

**Central Virginia Dart Association
PO Box 14591
Richmond, VA 23221**

Membership Application

This membership application must be completed in its entirety and submitted prior to any individual participating in CVDA activities. Membership shall be considered valid for the calendar year (January-December). The CVDA shall have the right to accept or reject any application within its by-laws.

Complete the Following Information (Please Print)

Name:	
Address:	
City:	Zip Code:
Home Phone:	Work Phone:
CVDA ID #:	
Email Address:	
Team Name:	

I,..... , do swear to abide by the CVDA by-laws and rules of play. I will represent this association by displaying good sportsmanship at all times and by being courteous to my fellow darters. Furthermore, I understand the CVDA and its officers and representatives cannot be liable for any accidents or injury.

Signature:	Date:
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Notes: The Team Name should not be derogatory in any way. The CVDA Board may ask you to change your team name if it is deemed unsuitable. – No Exceptions.

**Application Fee of \$30.00 Must Be Attached
(Checks (no cash) to be placed in the Bar - Lock Boxes)**